

Civil Rights Officer Notification
(Submit within 30 days of Grant Award.)

General Information

| | |
|-----------------------------------|--------------------------------|
| Date: | |
| To: | Civil Rights Specialist |
| | Grants Management |
| | Indiana Department of Commerce |
| | One N. Capitol, Suite 600 |
| | Indianapolis, IN 46204-2208 |
| From: (Person submitting report.) | |
| | |
| | |
| | |
| Grantee: | |
| Grant Number: | |

Grantee Civil Rights Officer Designation

| | |
|-----------------------|--|
| Name: | |
| Company or Community: | |
| Address: | |
| | |
| Phone: | |

DOC Use Only

| | |
|-------------------------|--|
| Date Received: | |
| Date Verification Sent: | |

